MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

28483

File No.

Registered No. 12

1. PLACE OF DEATH

97 County Saline

Registration District No. 797

Township Miami

Primary Registration District No. 6040

City (No. , St. Ward)

2. FULL NAME Robert Samuel Coleman Jr

(a) Residence, No. Slater Mo. R. D. St., Ward.

(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word): single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-14-33

7. AGE: YEARS | MONTHS | DAYS 1 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline Co. Mo.

FATHER

13. NAME Robert Samuel Coleman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline Co. Mo.

MOTHER

15. MAIDEN NAME Mary Belle Tracy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline Co Mo

17. INFORMANT (ADDRESS) Robert Coleman Slater Mo, R. D.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Slater Cemetery DATE 8-15- 1933

19. UNDERTAKER (ADDRESS) Jones & Salzer Slater Mo.

20. FILED Aug 17 1933 Mrs. Aubrey Haynie Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-15- 1933

22. I HEREBY CERTIFY, That I attended deceased from 8-14 1933, to 8-15- 1933

I last saw him alive on 8-14 1933. Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage (B) Date of onset 8-14-33

160B

Other contributory causes of importance: Difficult childbirth

Name of operation Date of

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) B. H. Sullivan, M. D.

(Address) Miami, Mo.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

V. S. No. 2